

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005842

STATE FILE NUMBER

AMENDED

Registration District No. 59

Primary Registration District No. _____

Registrar's No. 46

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Township</u>		c. CITY OR TOWN <u>Richards-Gebaur AFB</u>	
Length of stay in 1b <u>8 Months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Richards-Gebaur AFB, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Base</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>Walton</u> Last <u>Flynn</u>		4. DATE OF DEATH Month <u>February</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>28 Oct 43</u>
9. AGE (last birthday) <u>18</u>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>USAF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>USAF</u>	
11. BIRTHPLACE (City and state or country) <u>Dunmore, Pa.</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>James I. Flynn</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walton</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Nov 60 - Feb 62</u>	
16. SOCIAL SECURITY NO. <u>Personnel Records</u>		17. INFORMANT <u>Personnel Records</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound, entrance left temple, exit right occipital area.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Victim and another Airman were playing Quick Draw when one weapon discharged.</u>	
20c. TIME OF INJURY <u>4:30 p.m.</u>	Hour <u>4:30</u> Month, Day, Year <u>Feb 27 62</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Commissary Gate</u>		20f. CITY, TOWN, OR LOCATION <u>Richards-Gebaur AFB,</u>	
COUNTY <u>Cass</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>4:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. R. White, Capt., USAF</u>		22b. ADDRESS <u>328th USAF Hospital</u> <u>Richards-Gebaur AFB, Missouri</u>	
22c. DATE SIGNED <u>28 Feb 62</u>		22d. DATE SIGNED <u>28 Feb 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2/28/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Philadelphia, Penn.</u>		23e. LOCATION (City, town, or county) <u>Philadelphia, Penn.</u>	
24. FUNERAL DIRECTOR <u>Langsford Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 28 - 1962</u>	
ADDRESS <u>Lee's Summit Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mr Ray Sebrae</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.